

**ONE COPY EMPLOYEE
ONE COPY DEPARTMENT
ORIGINAL DEPARTMENT OF PERSONNEL**

**CERTIFICATION AND DECLARATION
Administrative Regulation No. 150**

I hereby certify that on the date indicated below I received a copy of the City of St. Louis Social Media Policy (Administrative Regulation No. 150) that is effective on May 26, 2020. I have read the Policy and understand that employees who violate this policy may be subject to discipline up to and including dismissal.

_____ Employee's Name (Print)	_____ Class Title
_____ Signature	_____ Date
_____ Department	

I certify that the employee named above was provided with a copy of the City's Social Media Policy and a copy of this form on the date indicated above.

_____ Supervisor's/Manager's Signature	_____ Class Title
_____ Department	_____ Date

This Certification and Declaration must be signed and dated by the employee and the issuing supervisor/manager.

05/26/2020